

# \* Montana Medicaid Patient-Centered Medical Home Project

CSI Stakeholder Council  
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# Goals:

1. Pursue healthcare's triple aim: improve population health, improve patient experience, provide best care while lowering per-capita costs over time

2. Support Governor Bullock's Health Improvement Priorities

[www.dphhs.mt.gov/SHIP](http://www.dphhs.mt.gov/SHIP)

Definition: 33-40-103 MCA

Federal authority: Sec. 1915(b)  
waiver amendment

*Expands Passport to Health  
and Health Improvement  
Programs*

State authority: Senate Bill 84

# Passport to Health:

Primary care case management  
program established in 1993



>70% of Medicaid members enrolled

Members choose 1 PCP; receive all primary care  
and referrals for specialty care from Passport  
provider

Medicaid pays \$3 million per year to Passport  
providers (\$3 pmpm)

# Health Improvement Program:

Enhanced primary care case management program implemented in 2009



Top 5% high risk members identified using predictive modeling software

Care management providers serve high risk Medicaid members in all 56 Montana counties

- ~35 FTE
- located in community and tribal health centers
- providers receive \$3.75 pmpm

# Health Improvement Program (continued)

Services provided:

- ✦ Health assessments
- ✦ Coordinating with PCP
- ✦ Motivational interviewing
- ✦ Self-management education
- ✦ Telephone visits
- ✦ Connecting members with appropriate non-medical community resources
- ✦ Care plans
- ✦ In-home visits
- ✦ Care management
- ✦ Health coaching
- ✦ Discharge planning

# Medicaid's patient-centered medical home project

*Concept for discussion only—not final*

- ✦ Limited number of PCMH practices
- ✦ Members: enrolled in Passport to Health
- ✦ Services:
  - Services required for PCMH recognition
  - Services required for Passport
  - Services delivered by Health Improvement Program
- ✦ Draft concept submitted to CMS for discussion

## Medicaid PCMH (continued)

### Option A: PCMH with dedicated care management team

- Provides all care management services currently provided by Health Improvement Program providers
- Reimbursement: \$7.00 pmpm (not final)
  - \$ 3.00 current Passport fee
  - \$ 1.00 PCMH recognition support
  - \$ .50 clinical measure reporting
  - \$ 2.50 care management fee



## Medicaid PCMH (continued)

### Option B: PCMH without dedicated care management team

- Coordinates with Health Improvement Program providers
- Reimbursement: \$4.50 pmpm (not final)
  - \$ 3.00 current Passport fee
  - \$ 1.00 PCMH recognition support
  - \$ .50 clinical measure reporting

# Medicaid PCMH (continued)

✦ Evaluation: qualitative and quantitative data from site visits, provider quality reporting, member and provider surveys, claims data analysis

✦ Quality measures:

CSI-adopted measures

Medicaid-specific measures, for example:

- Screening for clinical depression and follow-up plan
- Flu shots
- Child and adolescent immunizations
- BMI calculation
- Cancer screenings

## Next steps:

- Submit waiver amendment to CMS
- Tribal consultation
- Public notice
- Review CSI-approved PCMH practices
- Select practices based on defined criteria

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